FAIRHAVEN CORPORATION

435 W STARIN RD

WHITEWATER 53190 Phone: (262) 473-2140		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/04):	84	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	84	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	81	Average Daily Census:	80

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/04)	Length of Stay (12/31/04)	%	
Home Health Care Supp. Home Care-Personal Care	No Yes	Primary Diagnosis	용 	Age Groups	%	 Less Than 1 Year 1 - 4 Years	44.4 40.7	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.5	More Than 4 Years	14.8	
Day Services	No	Mental Illness (Org./Psy)	32.1	65 - 74	4.9			
Respite Care	No	Mental Illness (Other)	4.9	75 - 84	21.0		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	54.3	********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.2	95 & Over	17.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.7			Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	2.5	İ	100.0	(12/31/04)		
Other Meals	No	Cardiovascular	18.5	65 & Over	97.5			
Transportation	Yes	Cerebrovascular	16.0			RNs	9.2	
Referral Service	No	Diabetes	4.9	Gender	%	LPNs	10.1	
Other Services	No	Respiratory	2.5			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	13.6	Male	22.2	Aides, & Orderlies	52.0	
Mentally Ill	No			Female	77.8			
Provide Day Programming for			100.0	İ				
Developmentally Disabled	No			İ	100.0			
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Method of Reimbursement

		edicare			Medicaid 'itle 19			Other			Private Pay	:		amily Care			anaged Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	1	2.4	212	0	0.0	0	0	0.0	0	1	1.2
Skilled Care	4	100.0	342	29	82.9	116	0	0.0	0	37	88.1	189	0	0.0	0	0	0.0	0	70	86.4
Intermediate				6	17.1	97	0	0.0	0	4	9.5	178	0	0.0	0	0	0.0	0	10	12.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		35	100.0		0	0.0		42	100.0		0	0.0		0	0.0		81	100.0

FAIRHAVEN CORPORATION

Admissions, Discharges, and		Percent Distribution	n of Residents'	Conditi	ions, Services, an	d Activities as of 12	/31/04
Deaths During Reporting Period					 % Needing		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	16.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	1.2		75.3	23.5	81
Other Nursing Homes	0.7	Dressing	6.2		79.0	14.8	81
Acute Care Hospitals	70.9	Transferring	17.3		69.1	13.6	81
Psych. HospMR/DD Facilities	0.0	Toilet Use	17.3		66.7	16.0	81
Rehabilitation Hospitals	1.5	Eating	64.2		25.9	9.9	81
Other Locations	10.4	********	******	******	*****	* * * * * * * * * * * * * * * * * * * *	******
otal Number of Admissions	134	Continence		%	Special Treatmen	ts	%
ercent Discharges To:		Indwelling Or Extern	nal Catheter	7.4	Receiving Resp	iratory Care	6.2
Private Home/No Home Health	21.1	Occ/Freq. Incontiner	nt of Bladder	69.1	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	19.8	Receiving Suct	ioning	0.0
Other Nursing Homes	0.8				Receiving Osto	my Care	1.2
Acute Care Hospitals	27.8	Mobility			Receiving Tube	Feeding	2.5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diet	s 27.2
Rehabilitation Hospitals	0.0						
Other Locations	15.0	Skin Care			Other Resident C	haracteristics	
Deaths	35.3	With Pressure Sores		4.9	Have Advance D	irectives	92.6
otal Number of Discharges		With Rashes		4.9	Medications		
(Including Deaths)	133				Receiving Psyc	hoactive Drugs	74.1

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Ownership: This Nonprofit			Size:	Lic	ensure:		
	This				-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.2	94.4	1.01	88.5	1.08	87.7	1.09	88.8	1.07
Current Residents from In-County	65.4	77.1	0.85	72.5	0.90	70.1	0.93	77.4	0.85
Admissions from In-County, Still Residing	20.1	24.2	0.83	19.6	1.03	21.3	0.94	19.4	1.04
Admissions/Average Daily Census	167.5	115.9	1.45	144.1	1.16	116.7	1.44	146.5	1.14
Discharges/Average Daily Census	166.3	115.5	1.44	142.5	1.17	117.9	1.41	148.0	1.12
Discharges To Private Residence/Average Daily Census	35.0	46.1	0.76	59.0	0.59	49.0	0.71	66.9	0.52
Residents Receiving Skilled Care	87.7	97.0	0.90	95.0	0.92	93.5	0.94	89.9	0.97
Residents Aged 65 and Older	97.5	97.0	1.01	94.5	1.03	92.7	1.05	87.9	1.11
Title 19 (Medicaid) Funded Residents	43.2	64.4	0.67	66.3	0.65	68.9	0.63	66.1	0.65
Private Pay Funded Residents	51.9	24.7	2.10	20.8	2.50	19.5	2.66	20.6	2.52
Developmentally Disabled Residents	0.0	0.5	0.00	0.4	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	37.0	35.9	1.03	32.3	1.15	36.0	1.03	33.6	1.10
General Medical Service Residents	13.6	24.7	0.55	25.9	0.52	25.3	0.54	21.1	0.64
Impaired ADL (Mean)	47.4	50.8	0.93	49.7	0.95	48.1	0.99	49.4	0.96
Psychological Problems	74.1	59.4	1.25	60.4	1.23	61.7	1.20	57.7	1.28
Nursing Care Required (Mean)	5.9	6.8	0.87	6.5	0.91	7.2	0.81	7.4	0.79